Fill in this information to	identify your case:	
Debtor 1	Angela M. Arehart	_
Debtor 2 (Spouse, if filing)		
United States Bankrupt	cy Court for the: EASTERN DISTRICT OF PENNSYLVANIA, PHILADELPHIA DIVISION	
Case number (If known)	16585	Check if this is: ■ An amended filing □ A supplement showing postpetition chapter 13
Official Form	1061	income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Formula company at at a to a	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Office Worker	
	Include part-time, seasonal, or self-employed work.	Employer's name	Panacea Technologies, Inc.	
	Occupation may include student or homemaker, if it applies.	Employer's address	160 Commerce Dr Unit 500 Montgomeryville, PA 18936-9624	
		How long employed th	ere? 2 years	
Par	t 2: Give Details About Mont	hly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,487.43 0.00 2. 2 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3,487.43 Calculate gross Income. Add line 2 + line 3. 0.00

Official Form 106I Schedule I: Your Income page 1

Debto	or 1 Arehart, Angela M.		Case	number (if known)	17-16585		
			For	Debtor 1	For Debtor		
	Copy line 4 here	4.	\$	3,487.43	\$	0.00	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	483.77	\$	0.00	
	5b. Mandatory contributions for retirement plans	5b.	<u>*</u> -	0.00	\$	0.00	
	5c. Voluntary contributions for retirement plans	5c.	<u> </u>	0.00	\$	0.00	
	5d. Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
	5e. Insurance	5e.	\$ _	610.20	\$	0.00	
	5f. Domestic support obligations	5f.	\$_	0.00	\$	0.00	
	5g. Union dues	5g.	\$_	0.00	\$	0.00	
	5h. Other deductions. Specify: PA Unemployment	5h.+	\$	2.44	+ \$	0.00	
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,096.41	\$	0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,391.02	\$	0.00	
	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90	Ф.	0.00		2047.00	
	monthly net income. 8b. Interest and dividends	8a. 8b.	\$_ \$	0.00	\$ 6	5 <u>,247.22</u>	
	 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 		»— \$	0.00	\$ \$	0.00	
	8d. Unemployment compensation	8d.	<u> </u>	0.00	\$	0.00	
	8e. Social Security	8e.	<u> </u>	0.00	\$	0.00	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$	0.00	
	8g. Pension or retirement income	8g.	\$_	0.00	\$	0.00	
	8h. Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	6,247.22	
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,391.02 + \$	6,247.22	= \$ 8,63	88.24
	State all other regular contributions to the expenses that you list in Schedu Include contributions from an unmarried partner, members of your household, you other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not Specify:	r dependen		,		+\$	0.00
	Add the amount in the last column of line 10 to the amount in line 11. The rewrite that amount on the Summary of Schedules and Statistical Summary of Cere			•	40	\$8,63	8.24
13.	Do you expect an increase or decrease within the year after you file this for	rm?				Combined monthly inco	me
	No.						

Official Form 106l Schedule I: Your Income page 2

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IN RE: Arehart, Angela M.			Case No. 17-16585	Case No. 17-16585		
			Chapter 13			
AICI	De	Chapter <u>13</u>				
	AMEN	IDED BUSINESS INCOME AND	EXPENSES			
		OR'S BUSINESS (Note: ONLY INCL	<u>LUDE</u> information directly relate	d to the business		
opera	ation.)					
PAR	T A - GROSS BUSINESS INCOME F	OR THE PREVIOUS 12 MONTHS:				
1.	Gross Income For 12 Months Prior to	Filing:	\$			
PAR	T B - ESTIMATED AVERAGE FUTU	URE GROSS MONTHLY INCOME:				
2.	Gross Monthly Income:		\$_	11,000.00		
PAR	T C - ESTIMATED FUTURE MONT	HLY EXPENSES:				
4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17.	Net Employee Payroll (Other Than De Payroll Taxes Unemployment Taxes Worker's Compensation Other Taxes Inventory Purchases (Including raw me Purchase of Feed/Fertilizer/Seed/Spray Rent (Other than debtor's principal resultilities Office Expenses and Supplies Repairs and Maintenance Vehicle Expenses Travel and Entertainment Equipment Rental and Leases Legal/Accounting/Other Professional Insurance Employee Benefits (e.g., pension, med Payments to be Made Directly by Deb Business Debts (Specify):	aterials) y vidence) Fees	\$			
21.	Other (Specify): Contract Labor	2,500.00	\$ <u>2,500.00</u>			
22.	Total Monthly Expenses (Add items 3	-21)	\$_	4,752.78		
PAR	T D - ESTIMATED AVERAGE NET	MONTHLY INCOME				

6,247.22

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from Item 2)